BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • 1'alls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLCATIONSI

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	LOCAL SPAN MESH	RESIONATION	(LSMR)				
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set						
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Information -	forth above and/or the following: The specification was filed on United States Application Number						نــ ــــ
For Use Wilhoul	United States Application Number			(if applicable) and/or as PCT			
Specification	the precification was filed on			as ICI , and was			
Insert Priority Information: (if appropriate)	International Application Number			and was (if applicable)			
	a manufact CO						
	amended by any amendment referred us above. I acknowledge the duty to disclose information which is r Regulations, \$1.56. I do not know and do not believe the same was ever known of thereof, or patented or described in any printed publication in any prior to this application, that the invention has not been patented date of this application, that the invention has not been patented date of this application in any country foreign to the United representative or assigns more than twelve months (six months			low any foreign application for patent or inventor's certificate having			
	(Number)	(Country	<i>'</i>)	(Month/Day/Year I	iled)	Yes	No
						Yes	□ No
	(Number)	(Country	v)	(Month/Day/Year	riled)	1 65	140
Insert Provisional Application(s): (if any)	1 hereby claim the b		e 35, United States Code, \$1	(Filing Date)	es provisional app	lications(s) li	sted below.
	(Application Number)			(l'iling Date)			
	All Foreign Application of T	ations, if any, for	any Patent or Inventor's C				signs) Prior t
	Country		Application Number	Date	of Filing (Month/	cray/ conj	
Insert Requested Information: (If appropriate)					N- PCT	limbian(e)	
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and/or PCT application which is material to the patentability as defined in Title 37, Co Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Co Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or international filing date of this application.						
Insert Prior U.S. Application(s) (if any)	(Application Num	ber)	(Filing Date)	(Stat	us - patented, pen	ding, abando	ned)
A			(Edina Data)	/Stat	us - patentod, pen	ding, abando	ned)
	(Application Num	DCT)	(Filing Date)	15.2.		••	
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I hereby appoint the practitioners at CUSTOMER NO. 2292 and David Soltz (Reg. # 34,731) as my attorneys or agents to prosecute this application and/r an international application based on this application and to transact all business in the United States Patent and Trademark Office connected application and in connection with the resulting patent based on instructions received from the entity who therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or boll, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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ull Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATUR	E					
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Foll Name of Fifth Investion, if any, were above	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATOR	KI7					
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Full Name of South Incoming of arms over above		INVENTORS SIGNATURE		DATE*				
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^{*}DATE OF SIGNATURE

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and of First	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE-			
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Manet uf Siruth Hushbif, id anys nar alvner	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					

^{*}DATE OF SIGNATURE